

HILL-BURTON IS...

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"Hill-Burton" has, for a quarter century, not only been part of the language of the hospital world but also the public-at-large.

To YOU and YOUR COMMUNITY Hill-Burton has many meanings. For example, it means:

PARTNERSHIP—With State and Federal government

PLANNING—Coordinated effort and interrelationship among facilities and communities

CONSTRUCTION—Health facilities provided where needed

MODERNIZATION—Remodelling or replacing out-of-date structures

CONSULTATION—Technical assistance and guidance in resolving problems and advancing new ideas

CHANGE—Providing leadership in many areas which require modifications because of changing concepts of medical practice, technology and socioeconomic factors

INNOVATION—Studies in better design, organization, and administration aimed at effective and efficient delivery of patient services

EDUCATION—Training conferences, workshops, and consultation to improve the knowledge and skill of health facility staff

SHARING—Encouraging hospitals to share facilities, services, equipment, and manpower in an effort to improve patient care at the lowest possible cost.

Finally, and most importantly, Hill-Burton means . . .

PEOPLE—the most essential ingredient contributing to the success of the program.

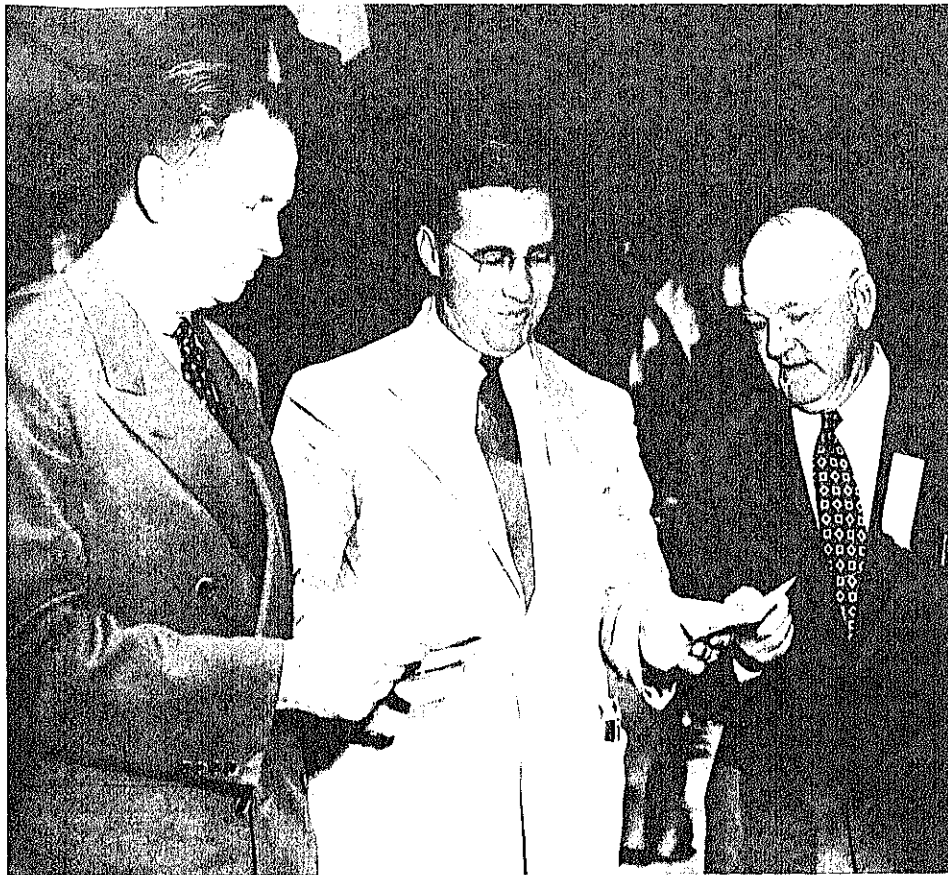
... PARTNERSHIP

The Hill-Burton Program was founded, and continues to operate, on the philosophy that Government and voluntary groups must work together to maintain and improve the health of our people. The partnership based on this philosophy has included Federal, State, and community governmental units on one hand, and hospitals, voluntary health and hospital associations, and citizens' groups on the other.

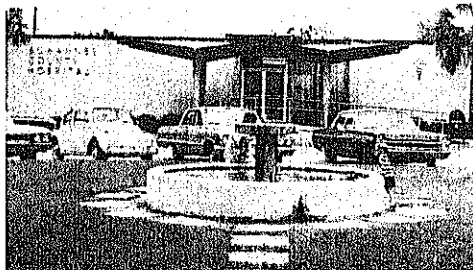
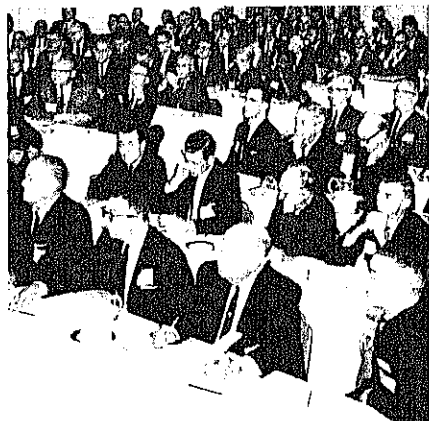
Linking the Washington headquarters with the grass roots level are the Regional Offices and the State Hill-Burton agencies. Regional personnel work with State officials and with Washington headquarters to assure that Federal requirements are met.

State agencies are "where the action is." They are the vital, operating fulcrum of the program, giving leadership to communities and joining forces with Federal staff and voluntary groups in developing national guidelines. State officials work closely with project sponsors to develop acceptable proposals and, after a project is approved, to assure that construction standards are met. Sponsors, in turn, must raise matching funds and carry out the actual construction.

State Hill-Burton Authorities meet annually with the Public Health Service to exchange information, discuss common problems, and propose operating policies and procedures. The continuing interchange of ideas and the cooperative Federal-State relationships developed over the years have been a source of strength and vitality to the program.



Surgeon General Leonard A. Scheele presents the first check for Hill-Burton matching funds to officials of Suwannee County Hospital, Live Oak, Fla., 1948.

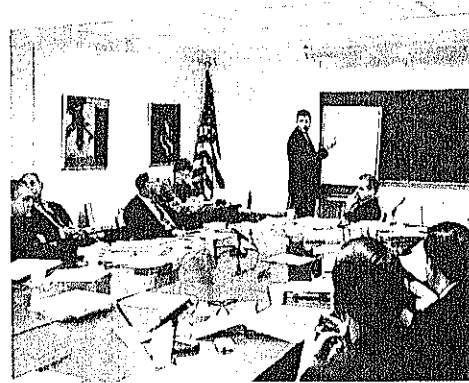


... PLANNING

Comprehensive planning has been the keynote of the Hill-Burton Program since its inception. This was a great step forward, as only scattered efforts at health facility planning had previously occurred. The era of hospital expansion had proceeded with little conscious planning to relate facilities to need.

With the enactment of the Hill-Burton legislation, each State was required to survey its health facilities and to develop a State plan. This state-wide planning resulted in better distribution of hospitals and health facilities in areas of greatest need.

Today, more sophisticated planning techniques are required as the number and complexity of facilities increase. The bed-population ratio which originally served in determining the need for facilities is no longer a valid planning tool. It has been superseded by such considerations as utilization of existing facilities, population, and occupancy.



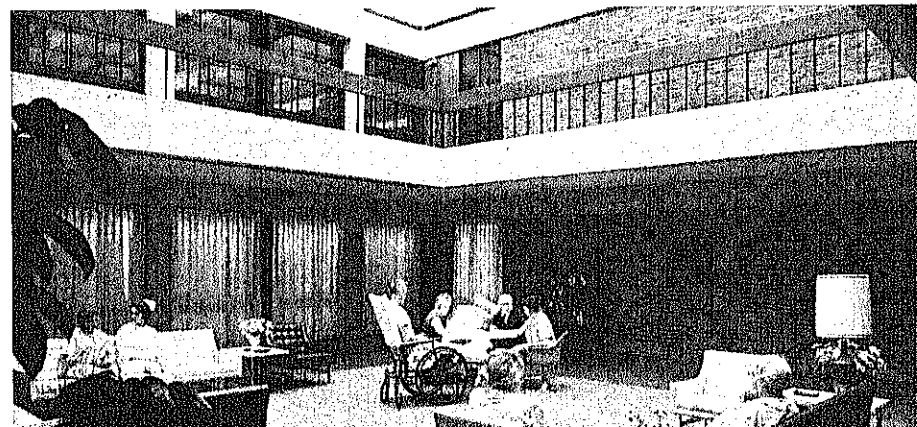
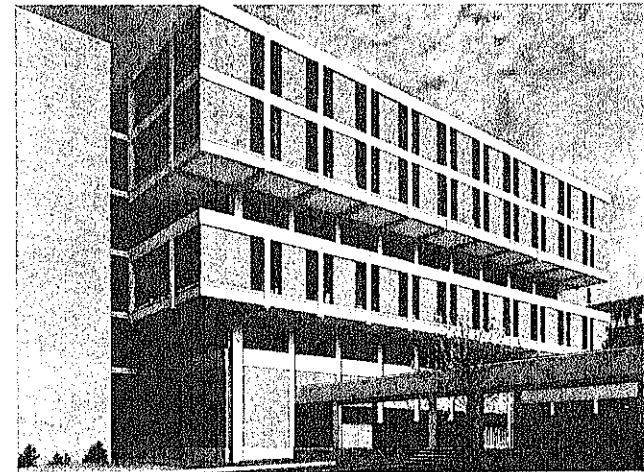
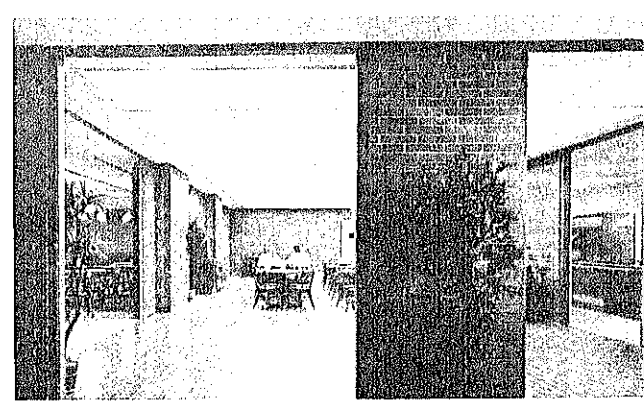
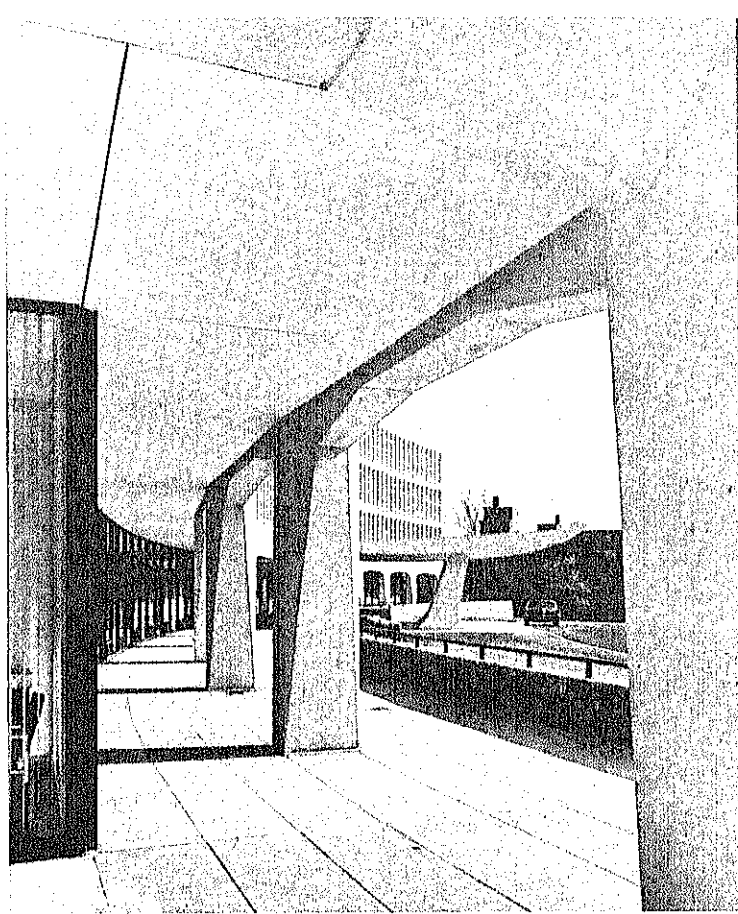
... CONSTRUCTION

One of the major objectives of the Hill-Burton Program has been to stimulate the construction of health facilities where they are most needed, not on construction as an end in itself.

As of October 1, 1970, Hill-Burton had aided 10,526 projects. Of this total, 8,999 were completed and in operation. The remaining 1,527 were under construction or in the planning stage. When completed, these projects will provide 458,506 inpatient beds in hospitals and nursing homes. Some 2,996 other health facilities were aided including public health centers, diagnostic and treatment centers, rehabilitation facilities, and State health laboratories.

Although each year sees a reduction in the total number of hospitals because of mergers, changes in population distribution call for about 115 new general hospitals (primarily in suburban areas) and the expansion of others.

The price tag for filling the Nation's additional capacity need is estimated at \$7.2 billion. When added to the modernization bill of \$12.3 billion, the total need is \$19.5 billion.

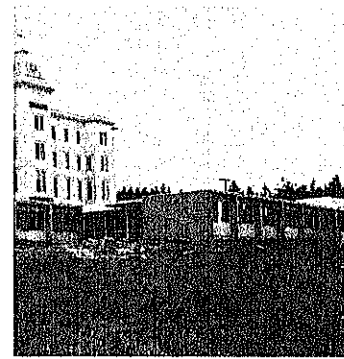
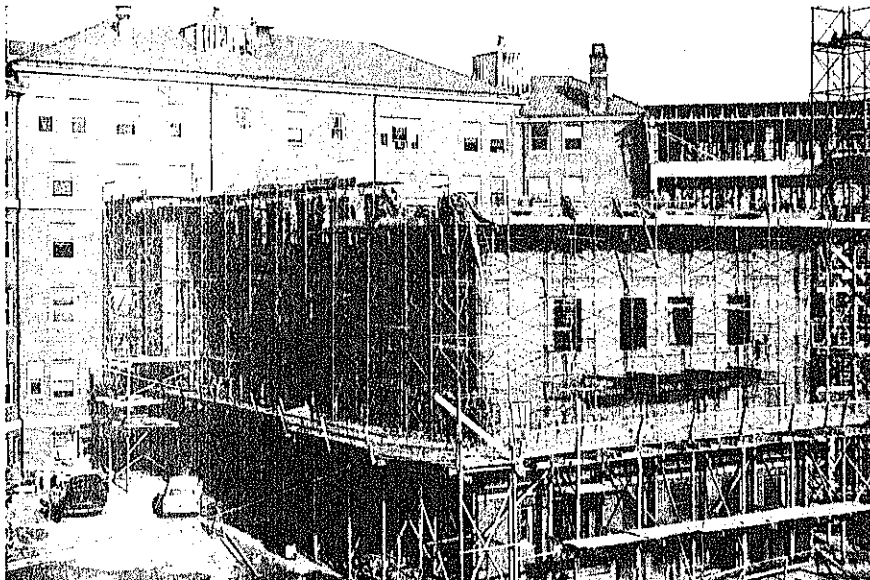
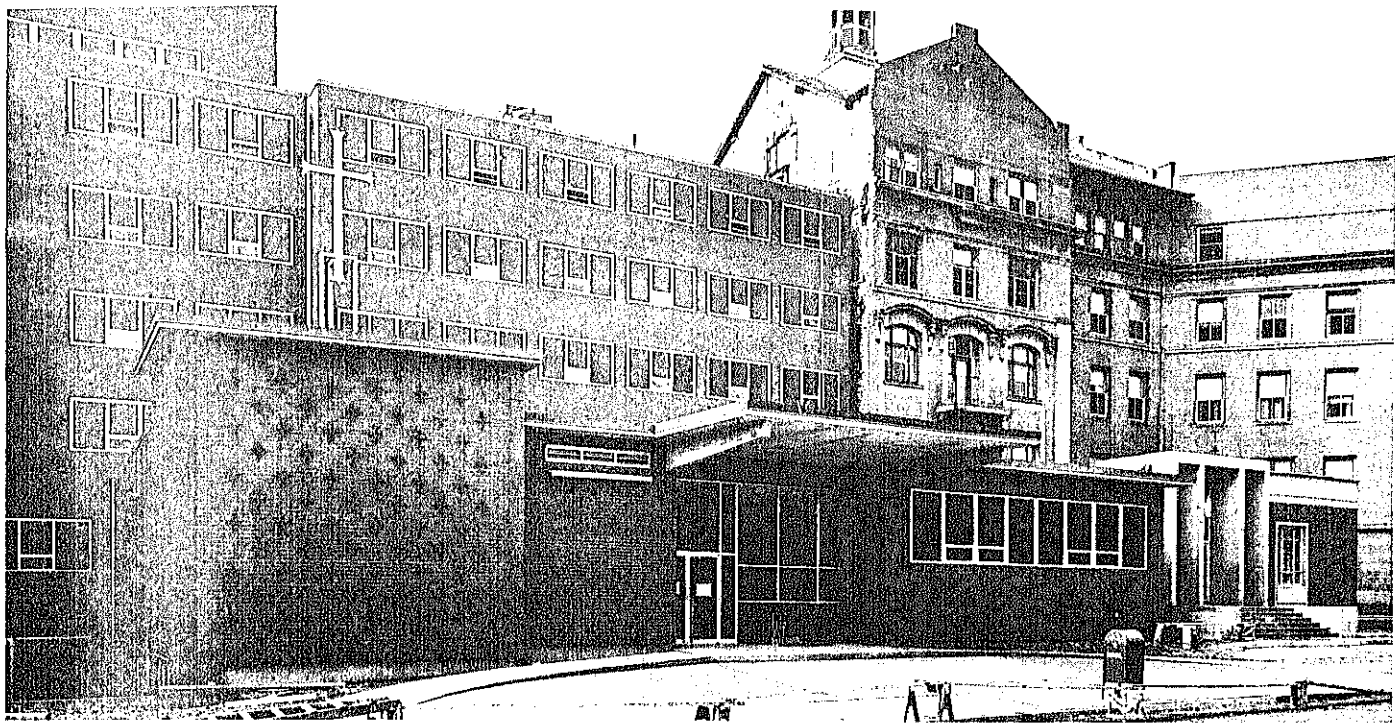


... MODERNIZATION

Unlike the Program's early years when the major problem was hospital shortage, today the greatest need is for modernization. Thus, in recent years Hill-Burton has shifted its emphasis and currently well over three-fourths of Hill-Burton aid to general hospitals has been for renovation or replacement.

But the problem is far from being solved since almost half of the Nation's general hospitals (nearly 2,800) need to be brought up to date at a cost of \$8.5 billion. In addition, other types of health facilities are confronted with a similar problem. Their modernization bill would be an additional \$3.8 billion at present estimates.

Although the 1964 Amendments to the Hill-Burton legislation authorized grants for modernization, the amounts authorized represented merely an initial attack on the problem. Innovative ways to resolve the modernization crisis were sought by those responsible for the Nation's health care. 1970 legislation provides direct loans and loan guarantee programs with subsidization of interest for modernization.



... CONSULTATION

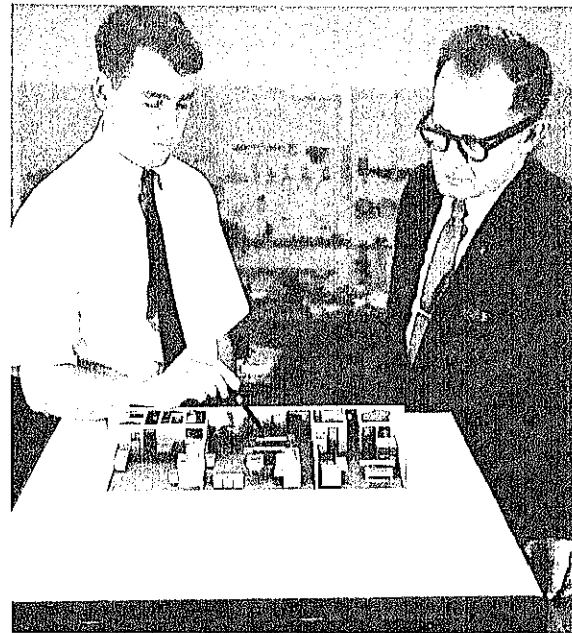
An important feature of the Hill-Burton program since its inception has been the consultation services provided on the State and Federal levels.

Architects, engineers, equipment specialists, and hospital administrators were among the staff who helped communities plan their hospitals before they started to build. Over the years, consultation has been provided by letter, telephone, and personal visits. In addition, guidelines are published on many phases of design, construction, equipment, and operation.

This aspect of the program has grown to new dimensions as the hospital community has come to rely on the State Hill-Burton agencies and the Hill-Burton staff for guidance and as Hill-Burton studies have opened the door to new techniques, new methods of operation, and new concepts of promoting better health.

Today, the consulting staff represents, in addition to the expertise originally provided, a wide variety of other professional disciplines. These include nursing, dietetics, pharmacy, health education, hospital environment, and medical records.

In addition, a program of consultative assistance in specialized clinical areas was instituted in 1968 to assist health facility sponsors plan equipment for unusual services. Outside consultants are engaged to perform this consultation when the required expertise is not available from Federal, State, or Regional Hill-Burton personnel. Requests are made to the State agency and, if approved, are processed at the Federal level. A directory for specialized clinical consultants is available on request.



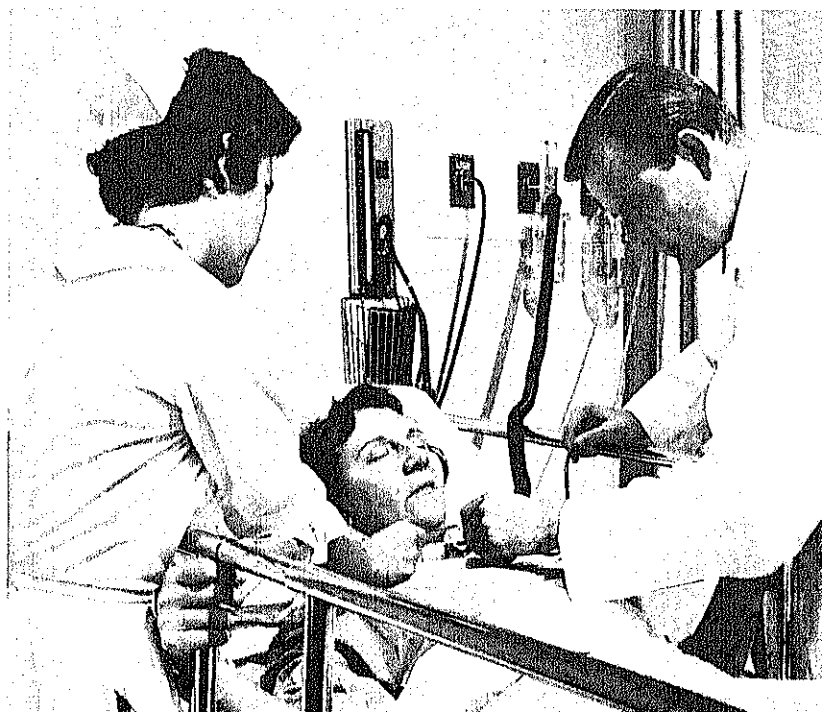
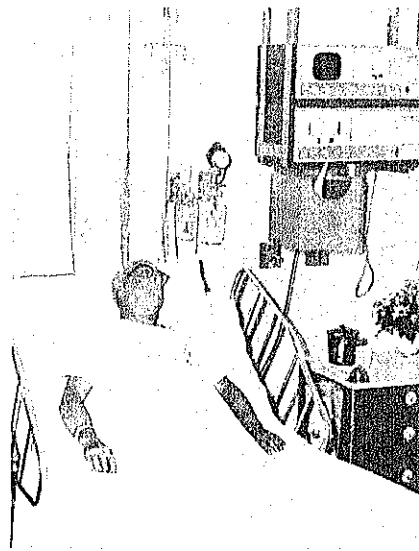
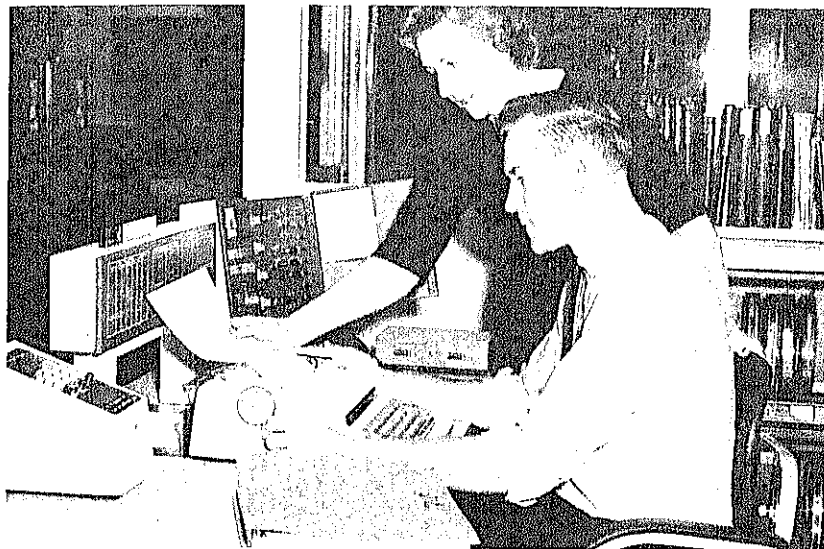
... INNOVATION

Better delivery of health care is the prime objective of all Hill-Burton studies designed to develop more efficient and effective use of hospital services, facilities and resources. This objective has been furthered through staff studies, contracts with outside agencies and individuals, and in former years through research and demonstration grants to public and private nonprofit institutions and groups. With the recent reorganization of the Public Health Service, Hill-Burton extramural research activities were transferred to the National Center for Health Services Research and Development. Hill-Burton staff, however, will continue to work closely with the Center in connection with projects requiring certain specialized competencies.

For more than a decade studies have been carried out in six general areas: organizational patterns for providing services more effectively; community planning and coordination of facilities and operations; delivery of hospital services; architectural design and equipment; procedures and methods of hospital administration; and environmental engineering.

A high priority has been given to comparative studies aimed at improved patient care and better control of hospital costs through more efficient administration and operation.

Other areas being given particular attention include progressive patient care, drug distribution systems, hospital outpatient services, personnel needs, hospital central medical and surgical supply service, the hospital environment, bacterial contamination in various areas of surgical suites, toxic gases in buildings, fires, and procedures for measuring health facility obsolescence.



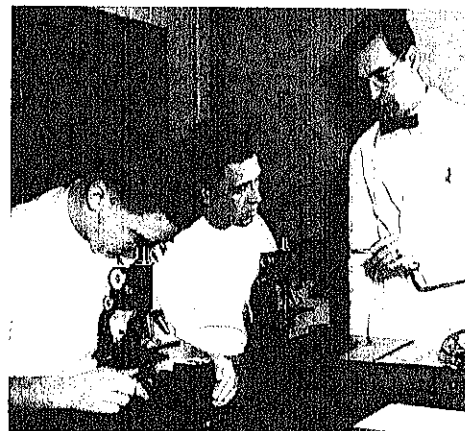
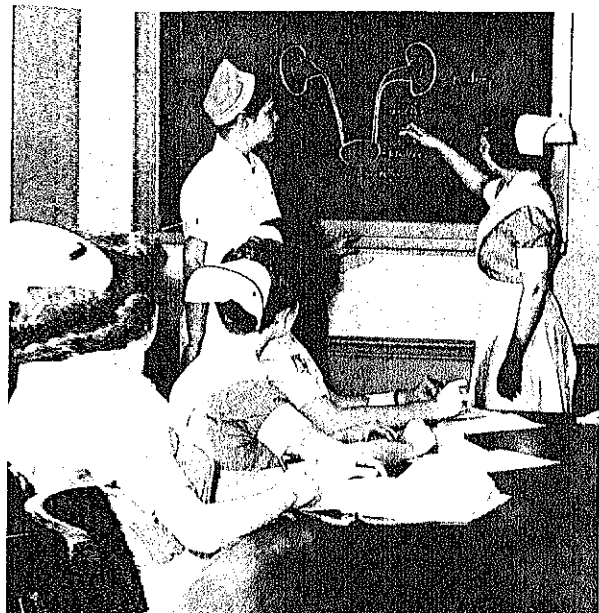
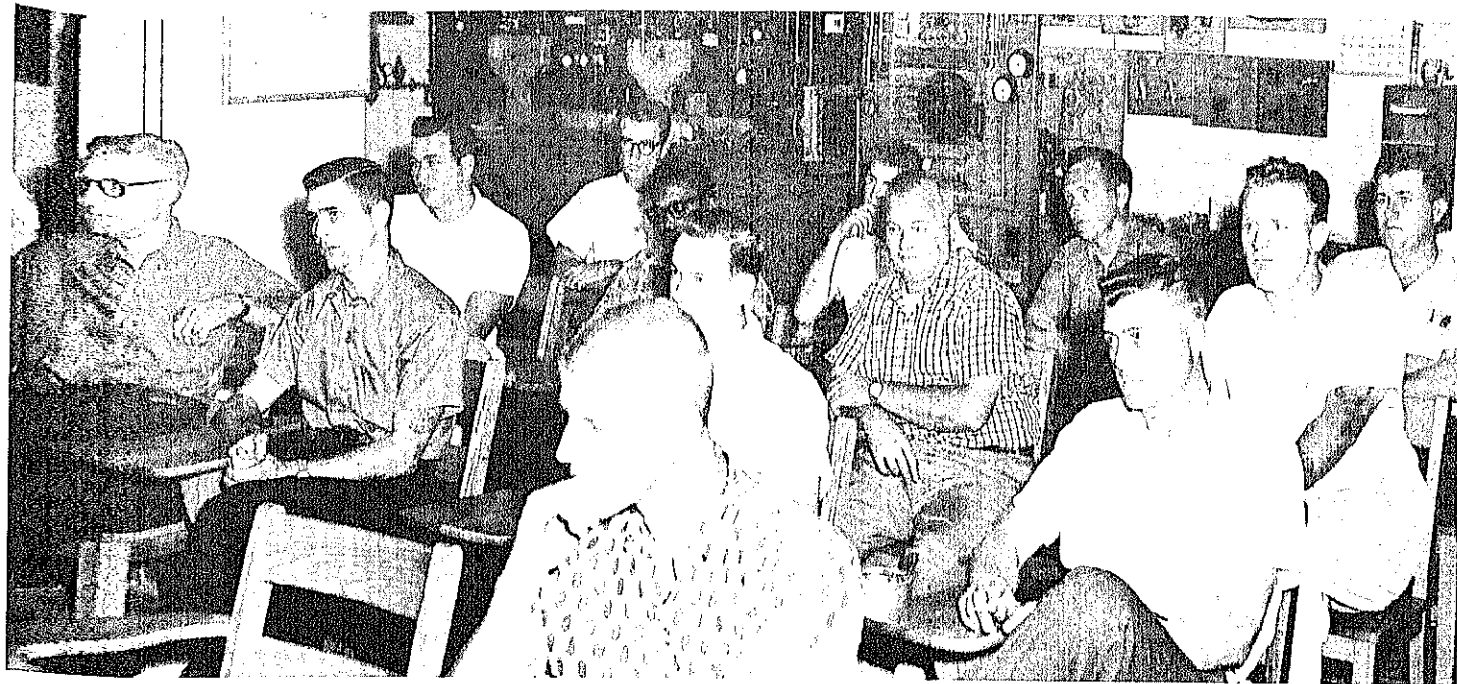
... EDUCATION

In its effort to improve patient care, Hill-Burton emphasizes orientation programs, training conferences, inservice education, patient-family education, and community-centered education programs associated with hospitals and other health care facilities.

To further develop effective methods of educating the patient about his care and his role in the management of his illness, demonstrations and research activities were undertaken. Direct consultation has been given to those hospitals and State agencies requesting assistance in this new application of educational principles. Also programmed instruction texts have been developed to instruct housekeeping personnel of the importance of their role in infection control and in the care, cleaning, and storage of housekeeping equipment.

Hill-Burton has initiated conferences and workshops in several areas, such as drug distribution systems and environmental control in hospitals. These educational programs have been conducted with the active participation of official and voluntary State groups, colleges, and universities.

Consultation on education programs has been given to assist the administrators, professional staffs, and supportive personnel of hospitals, nursing homes, and other health care facilities.



... SHARING

An exciting concept being encouraged by Hill-Burton is that of sharing of facilities, equipment, services, and manpower. The establishment of planning agencies around the Nation has been particularly helpful in providing a mechanism for carrying out the sharing concept.

Hospitals are finding that sharing means better quality care at less cost. An important by-product has been the interrelationships formed between health facilities. This has led to strengthening communication, cooperation, and coordination at all levels of health service.

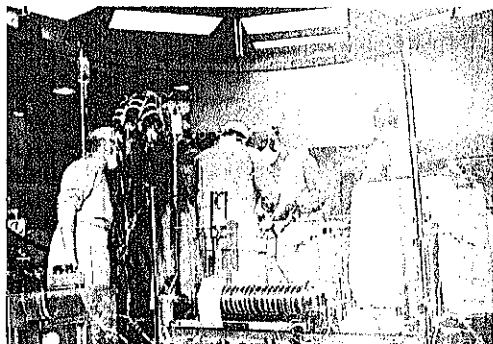
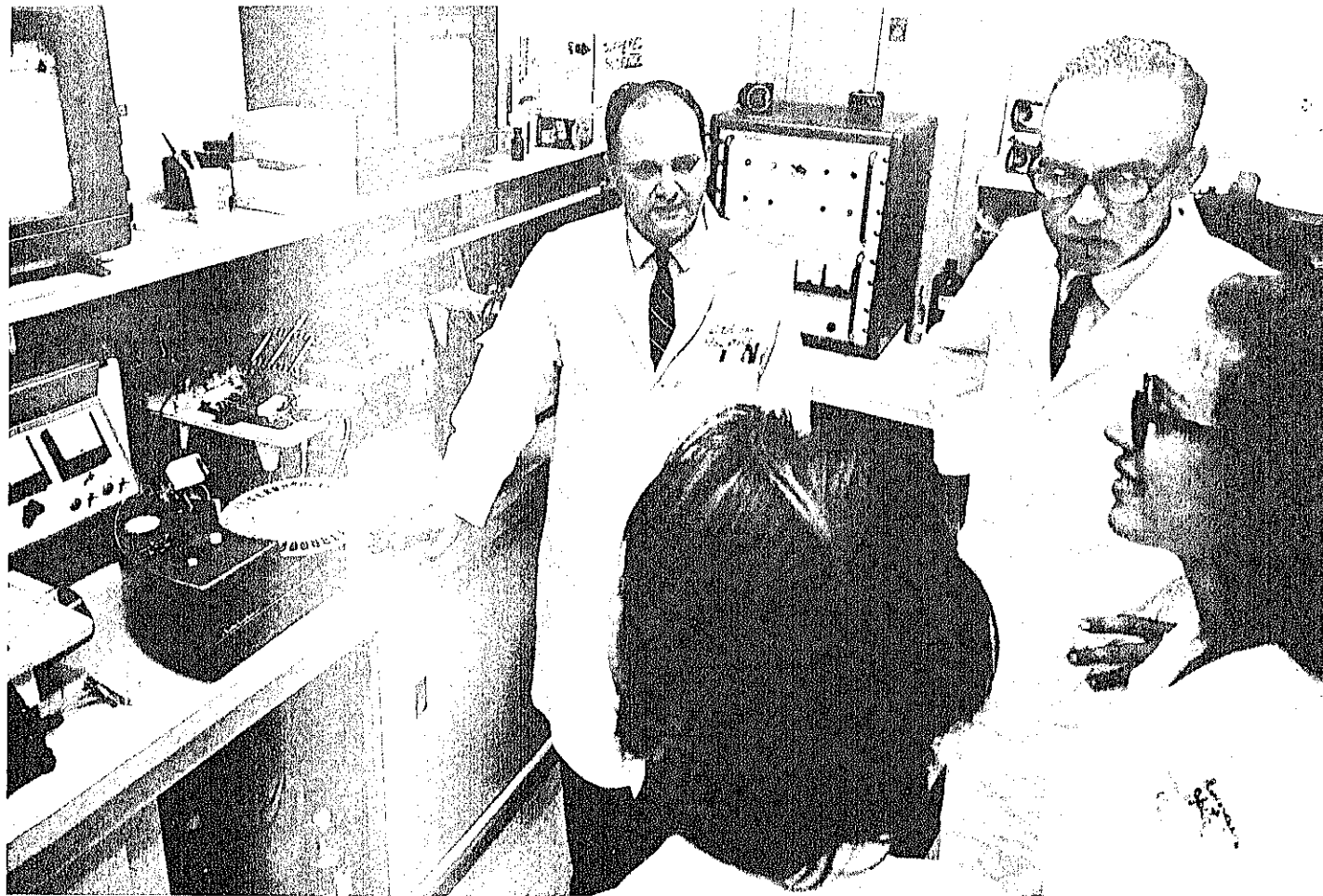
Some examples of sharing are:

Services: Specialized diagnostic and surgical procedures; nurseries; obstetrical units; rehabilitation activities; centralized medical, surgical, sterile, and other supplies; inservice training and other educational programs.

Facilities: Bone and Eye Bank; radioactive isotope storage; central dietary, laundry, pharmacy, and clinical laboratory; and central administration, purchasing, and stores.

Equipment: Artificial kidney (dialysis equipment); electrocardiograph and monitoring devices (equipment for immediate interpretation at another hospital); centralized computers; X-ray therapy; auto-analyzer for laboratory work; automatic X-ray film processing; automated materiel processing and distribution systems (central basic food preparation); and mobile maintenance, repair, and calibration units.

Manpower: Consultants (radiologists, pathologists, gerontologists, cardiologists, and other clinical specialties); dietitians, medical record librarians; computer programmers; engineers; and health educators.



... PEOPLE

The people who contribute to and benefit from Hill-Burton are legion.

Counted among those whose loyalty and dedication have been reflected in the Program's accomplishments are:

... the small nucleus of the program which began developing plans and laying the necessary groundwork even before the Program was officially in existence

... representatives of such organizations as the American Hospital Association, the American Medical Association, and farm and labor groups who urged the passage of the original legislation

... Senators and Congressmen whose support of original and subsequent legislation gave life to the program and kept it abreast of the Nation's changing patterns of need

... representatives of hospitals, voluntary agencies, professional associations, and many individuals whose services ranged from gaining community support for Hill-Burton projects to serving on special committees and councils

... those who comprise Hill-Burton State Agencies, Regional offices, and headquarters staff— many of whom have made noteworthy contributions since the Program's outset.

The benefits of the Program have touched—and in many instances saved—the lives of millions of men, women, and children not only throughout this Nation but also in many foreign lands. The benefits were derived both from the stimulation of needed construction in 3,800 communities and from the technical assistance and guidelines on a variety of health facility subjects, with particular emphasis on coordinated communitywide planning. These guidelines are used on a worldwide scale.



Hill-Burton anniversaries are celebrated through the years, reaching a high point in 1966 when the present Director, Dr. Harald M. Graning (far right), welcomes former Directors, Dr. Jack C. Haldo- man and Dr. Vano M. Hogo, to the 20th Anniversary open house.

HILL-BURTON MEMORABLE DATES

1946	On August 13, President Truman signed the Hospital Survey and Construction Act. Cosponsors were Senators Lister Hill of Alabama and Harold Burton of Ohio.
1947	First Hill-Burton regulations published on February 14.
1947	First guide materials for planning, designing, and equipping Hill-Burton hospitals were published.
1947	First Hill-Burton project approved.
1954	Program broadened to include nursing homes, diagnostic and treatment centers, rehabilitation facilities, and chronic disease facilities.
1956	First grants made for research, experiments, and demonstrations relating to effective utilization of hospital services.
1959-1962	A series of Ad Hoc Committees, some cosponsored with the American Hospital Association, were established to develop areawide planning principles for meeting various health facility needs.
1961	Community Health Services and Facilities Act increased nursing home authorization to \$20 million, raised research authorization to \$10 million, and authorized experimental construction projects.
1962	First demonstration grants for areawide planning.
1964	Hill-Harris Hospital and Medical Facilities Amendments enacted. Major new provisions relate to grants for modernization, areawide planning, and long-term care facilities.
1964	Prohibit "Separate-but-equal" facilities and discrimination on the basis of race, creed, color, or national origin in admission to rooms and staffing practices.
1965	New criteria (utilization, population, and occupancy) established for determining bed needs.
1965	Implementation of Title VI of Civil Rights Act.
1965-1966	State agencies evaluated health facilities to determine need for modernization or replacement and developed State plans reflecting such needs.
1968	Title IV of P.L. 90-574, amended Title VI of the PHS Act by providing extension of the Hill-Burton program through June 30, 1970.
1970	P.L. 91-296, Medical Facilities Construction and Modernization Amendments, enacted. Loan guarantees with interest subsidies and direct loans were authorized. The grant program was extended and broadened. First special project grants for emergency departments authorized.

HILL-BURTON BOX SCORE 1948-1970

*Modernization
and
New Construction*

3,800 Communities aided

6,200 Hospitals and other
facilities aided

10,500 Projects

335,400 General beds

94,600 Long-term care
beds

3,000 Outpatient and
other facilities

*Consultation
and
Technical Assistance*

☐ Planning

☐ Design

☐ Administration

☐ Guidelines

☐ Standards

The Hill-Burton Program is administered by the Health Care Facilities Service, formerly the Health Facilities Planning and Construction Service. For further information regarding any aspect of the program, write to:

Health Care Facilities Service

Health Services and Mental Health Administration

Public Health Service

U.S. Department of
Health, Education, and Welfare
Rockville, Md. 20852

January 1971

